

2026 Potter Charity Trust Application

Delaware Community Foundation

Organization Information

Guidelines for Applying for the Potter Trust Charitable Grants:

REQUIRED Criteria for Grant consideration

The Potter Charity Trust Grants Fund is accepting applications for programs that provide direct services and/or address root causes to reduce the need for services in one or more of the following focus areas:

- **Crisis/Emergency Assistance Funding for basic needs**
- **Homelessness**
- **Hunger**
- **Health Care**

The fund will also accept applications for collaborative programs providing emergency financial assistance for basic needs.

PROGRAM/PROJECT NAME*

Name of Program or Project.

Character Limit: 100

Focus Areas*

Click the focus areas that your project will address:

Choices

Crisis/Emergency Assistance for Basic Needs

Homelessness

Hunger

Health Care

GRANT AMOUNT REQUESTED*

Maximum Request is \$50,000

Character Limit: 20

REQUIRED SIGNATURE OF EXECUTIVE DIRECTOR/PRESIDENT*

By adding your name below, you are indicating that the applicant organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, or national origin.

Character Limit: 50

REQUIRED SIGNATURE OF BOARD PRESIDENT/CHAIR*

By adding your name below, you are indicating that the applicant organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, or national origin.

Character Limit: 50

REQUIRED SIGNATURE OF CONTACT FILLING OUT APPLICATION*

By adding your name below, you are indicating that the applicant organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, or national origin.

Character Limit: 250

Project Proposal

PROJECT DESCRIPTION*

Briefly describe the proposed project. Explain the objectives of your project.

Character Limit: 2000

PROJECT STRATEGIES*

Describe the strategies that will be used to accomplish your objectives. List all collaborative partners (if applicable).

Character Limit: 2000

TARGET POPULATION*

Define Target Population. Please be specific and include demographic information, geographic location, etc.

Character Limit: 1000

PEOPLE SERVED*

Estimate the number of people served by your project.

Character Limit: 1000

IMPACT*

Explain the impact your project will have on the target population. Explain the impact your project will have on the community.

Character Limit: 3000

EVALUATION*

Describe how you will evaluate the success of your project. Be specific, and include the standards by which you will measure such success.

Character Limit: 1300

MEASUREMENTS*

List the qualitative AND quantitative measurements you will use to evaluate your project and explain how you will obtain and measure them.

Character Limit: 3000

FUNDING*

Explain specifically how the funds received from a Potter Charity Trust Grant will be used within your project to address the selected focus area(s).

Character Limit: 500

OPPORTUNITIES*

Explain any opportunities for leveraging this grant or matching grants (include fees and government income).

Character Limit: 300

OTHER FUNDING SOURCES*

List all planned requests to other sources for funding for this project. Include amount requested and the status of that request (planned, submitted, approved, or received).

Character Limit: 2000

PARTIAL FUNDS*

Specify the impact on your project if your request is only partially funded.

Character Limit: 300

Demographic Data

The Delaware Community Foundation would like to collect demographic data on your Board of Directors and the population your organization serves. Please note that answers to these questions will not affect the eligibility of your proposal.

Demographic Data

At the DCF, we are committed to building opportunity for all. The DCF has made several organizational commitments to this end and we'd like to hear from you on how your organization is thinking about this:

For example:

- Do you incorporate the perspectives of the population served in program design and delivery?
- Has your organization hosted cultural sensitivity training for staff and/or board of directors?
- Is your organization seeking out cross-cultural experiences that encourage awareness of other cultures or spend a day in the life of the community members you serve?

Character Limit: 750

Total number of board members

Character Limit: 250

Gender Identity (#)

	Board Members	Staff	Senior Staff
Female			
Male			
Non-binary			
Decline to state			
Unknown			

Race & Ethnicity (#)

	Board Members	Staff	Senior Staff
Asian American/Pacific Islanders/Asian			
Black/African American/African			
Hispanic/Latino/Latina/Latinx			
Native American/American Indian/Indigenous			

White/Caucasian/European			
Multi-Racial/Multi-Ethnic (2+ races/ethnicities)			
Decline to state			
Unknown			

Supporting Documents

PROJECT BUDGET*

Please upload a detailed project budget showing the costs and projected sources of funding for this project. Identify clearly and specifically the portion that would be covered by Potter Charity Trust Grant.

File Size Limit: 3 MB

ORGANIZATIONAL BUDGET*

Please upload the most recent.

File Size Limit: 3 MB

FINANCIAL STATEMENT*

Upload your most recent Audit Report. Please do not upload your bank statement here.

File Size Limit: 5 MB

FORM 990*

Upload your most recent 990 or E-postcard.

File Size Limit: 8 MB

501(c)3 IRS DOCUMENTATION*

Upload organization's 501(c)3 IRS documentation.

File Size Limit: 1 MB

BOARD OF DIRECTORS LIST*

Upload your most current list.

File Size Limit: 1 MB

Payment Processing

INSTRUCTIONS

Grants will be processed through Direct payment via ACH transfer. Please complete the fields below to allow the Delaware Community Foundation to award grants to your organization.

Character Limit: 250

AUTHORIZATION OF PAYMENT*

I (we) authorize the Delaware Community Foundation ("Company") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debts) as follows:

Choices

Checking Account

Savings Account

ATTACH BANK DETAILS (CANCELLED CHECK OR LETTER FROM BANK)*

Please attach **either** a canceled check or a letter from the bank verifying your account number. This will allow for accuracy of bank details and for efficient payment processing.

File Size Limit: 6 MB

SIGNATURE: AGREE & APPROVAL FOR PAYMENT PROCESSING*

By typing your name below:

I(we) understand that this authorization will remain in full force and effect until I(we) notify COMPANY in writing that I(we) wish to revoke this authorization. I(we) understand that COMPANY requires at least 5 business days prior notice in order to cancel this authorization.

Character Limit: 100

Character Limit: 100